

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-875)

SERIAL NO.
10/030624

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4	/		/				54						
5		/		/			55						
6	/		/				56						
7		/		/			57						
8	/		/				58						
9		/		/			59						
10		3		/			60						
11		0		/			61						
12		0		/			62						
13		0		/			63						
14		0		/			64						
15		0		/			65						
16		0		/			66						
17		0		/			67						
18				/			68						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	16		16				TOTAL DEP.						
TOTAL CLAIMS	20		20				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS